



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200  
Fax 613 632-5246

007538  
**D350-578-011**  
**Job Sheet 188295**



Part No: D350-578-011

Job Qty: 6 pcs

Part Name: AS350/AS355 Bearpaws



Part Weight: 0 lbs

Status: New

Priority: Medium

Job Created: 1/7/19

Job Tracking No:

Due Date: 2/28/19

Created By: Marie Lajeunesse

Type: SOLD

Description:

Note: DWG REV H SHEET 12 IPP Rev:A New Issue 07-01-02 JLM IPP Rev:B 08-01-09 Added Step 2 JLM Verified By:EC IPP Rev:C 08-10-15 New Manufacturing Method JLM Verified By:EC

Ship Via:

### Bill of Materials

### Job Routing

| Op<br>No | Operation              | Qty   | Start Date | Due<br>Date | Standard     |            | Workcenter/Supplier   |           | Sign-off |
|----------|------------------------|-------|------------|-------------|--------------|------------|-----------------------|-----------|----------|
|          |                        |       |            |             | Setup<br>Hrs | Run<br>Hrs | Workcenter / Supplier | Lead Time |          |
| 160      | Packaging 1 - Pick Kit | 6 pcs |            | 2/28/19     | 0.00         | 0.00       | Packaging 1 - 1       |           |          |
|          |                        |       |            |             |              |            | Packaging 1 - 2       |           |          |
|          |                        |       |            |             |              |            | Packaging 1 - 3       |           |          |
|          |                        |       |            |             |              |            | Packaging 1 - 4       |           |          |
|          |                        |       |            |             |              |            | Packaging 1 - 5       |           |          |
|          |                        |       |            |             |              |            | Packaging 1 - 6       |           |          |
|          |                        |       |            |             |              |            | Packaging 1 - 7       |           |          |
|          |                        |       |            |             |              |            | Packaging 1 - 8       |           |          |
|          |                        |       |            |             |              |            | Packaging 1 - 9       |           |          |
|          |                        |       |            |             |              |            | Packaging 1 - 10      |           |          |
|          |                        |       |            |             |              |            | Packaging 1 - 11      |           |          |
|          |                        |       |            |             |              |            | Packaging 1 - 12      |           |          |
|          |                        |       |            |             |              |            | Packaging 1 - 13      |           |          |
|          |                        |       |            |             |              |            | Packaging 1 - 14      |           |          |
|          |                        |       |            |             |              |            | Packaging 1 - 15      |           |          |
|          |                        |       |            |             |              |            | Packaging 1 - 16      |           |          |
|          |                        |       |            |             |              |            | Packaging 1 - 17      |           |          |
|          |                        |       |            |             |              |            | Packaging 1 - 18      |           |          |
|          |                        |       |            |             |              |            | Packaging 1 - 19      |           |          |
|          |                        |       |            |             |              |            | Packaging 1 - 20      |           |          |
|          |                        |       |            |             |              |            | Packaging 1 - 21      |           |          |
|          |                        |       |            |             |              |            | Packaging 1 - 22      |           |          |
|          |                        |       |            |             |              |            | Packaging 1 - 23      |           |          |
|          |                        |       |            |             |              |            | Packaging 1 - 24      |           |          |
|          |                        |       |            |             |              |            | Packaging 1 - 25      |           |          |
|          |                        |       |            |             |              |            | Packaging 1 - 26      |           |          |
|          |                        |       |            |             |              |            | Packaging 1 - 27      |           |          |
|          |                        |       |            |             |              |            | Packaging 1 - 28      |           |          |
|          |                        |       |            |             |              |            | Packaging 1 - 29      |           |          |
|          |                        |       |            |             |              |            | Packaging 1 - 30      |           |          |
|          |                        |       |            |             |              |            | Packaging 1 - 31      |           |          |
|          |                        |       |            |             |              |            | Packaging 1 - 32      |           |          |

Entered: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NO

NCR No.

Job: \_\_\_\_\_

Part No. \_\_\_\_\_

DISPOSITIC

Re

S

Use-

Date :

Sequence #:

Description Work Order Deviation

QC / QA Coordinator

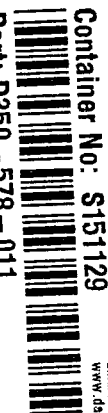
### Root Cause

Operator ☐  
Manufacturing Process ☐  
Equip/Tooling ☐  
Handling/Presservation ☐  
Material ☐  
Product Improvement ☐  
Process Improvement ☐  
Human Factors ☐

### FAULT CATEGORY

|                                                       |                                                          |                                             |                                            |
|-------------------------------------------------------|----------------------------------------------------------|---------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Pressure/Forced              | <input type="checkbox"/> Contamination                   | <input type="checkbox"/> Power Loss/Surge   | <input type="checkbox"/> Positioned Wrong  |
| <input type="checkbox"/> Bending                      | <input type="checkbox"/> Misaligned/off center           | <input type="checkbox"/> Folio/Program      | <input type="checkbox"/> Outside Tolerance |
| <input type="checkbox"/> Crushing                     | <input type="checkbox"/> BOM/Route                       | <input type="checkbox"/> Grain Direction    | <input type="checkbox"/> Drawing           |
| <input type="checkbox"/> Cracks                       | <input type="checkbox"/> Broken/Damage/Defect            | <input type="checkbox"/> Weld               | <input type="checkbox"/> Finish            |
| <input type="checkbox"/> Crimp/Kink/Ripple/Wave/Twist | <input type="checkbox"/> Incomplete/Unclear Instructions | <input type="checkbox"/> Wrong Stock Pulled | <input type="checkbox"/> Part Lost/Missing |
| <input type="checkbox"/> Marks/Chatter                | <input type="checkbox"/> Drill Holes                     | <input type="checkbox"/> Out of Sequence    | <input type="checkbox"/> Misread           |
| <input type="checkbox"/> Mislabeled                   | <input type="checkbox"/> Fit/Function                    | <input type="checkbox"/> Off-set/Set-up     |                                            |

Other/Details:



Container No: S151129

Part: D350-578-011

Job No: 188295

Serial No/Batch: S151129

Revision:

Inspector:

Exp Date:

Instructions: TC STC SH93-4 Issue 1 Part A-A-STC SH000281

Unit Aerospace Ltd.  
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Hawkesbury, ON K6A 1K7  
CANADA  
TEL.: 1 613 632-5200  
Email: sales@dantero.com  
www.danterospace.com

|                                                                                           |       |         |           |                        |                               |
|-------------------------------------------------------------------------------------------|-------|---------|-----------|------------------------|-------------------------------|
|                                                                                           |       |         |           | Packaging 1 - 33       |                               |
|                                                                                           |       |         |           | Packaging 1 - 34       |                               |
|                                                                                           |       |         |           | Packaging 1 - 35       |                               |
|                                                                                           |       |         |           | Packaging 1 - 36       |                               |
| 170 QC 4                                                                                  | 6 pcs | 2/28/19 | 0.00 0.00 | QC 4 - 26              |                               |
|                                                                                           |       |         |           | QC 4 - 28              |                               |
|                                                                                           |       |         |           | QC 4 - 38              |                               |
|                                                                                           |       |         |           | QC 4 - 42              |                               |
|                                                                                           |       |         |           | QC 4 - 58              |                               |
|                                                                                           |       |         |           | QC 4 - 6               |                               |
|                                                                                           |       |         |           | QC 4 - 69              |                               |
|                                                                                           |       |         |           | QC 4 - 9               | DAS<br>46 FEB 06 2019         |
|                                                                                           |       |         |           | QC 4 - 46              |                               |
| 180 Packaging 3-1 - Stock - B4B                                                           | 6 pcs | 2/28/19 | 0.00 0.00 | Packaging 3 - 1 - B4B  | 9-89<br>DAS<br>46 FEB 06 2019 |
|                                                                                           |       |         |           | Packaging 3 - 2 - B4B  |                               |
|                                                                                           |       |         |           | Packaging 3 - 3 - B4B  |                               |
|                                                                                           |       |         |           | Packaging 3 - 4 - B4B  | 9-89                          |
|                                                                                           |       |         |           | Packaging 3 - 5 - B4B  |                               |
|                                                                                           |       |         |           | Packaging 3 - 6 - B4B  |                               |
|                                                                                           |       |         |           | Packaging 3 - 7 - B4B  |                               |
|                                                                                           |       |         |           | Packaging 3 - 8 - B4B  |                               |
|                                                                                           |       |         |           | Packaging 3 - 9 - B4B  |                               |
|                                                                                           |       |         |           | Packaging 3 - 10 - B4B |                               |
|                                                                                           |       |         |           | Packaging 3 - 11 - B4B |                               |
|                                                                                           |       |         |           | Packaging 3 - 12 - B4B |                               |
|                                                                                           |       |         |           | Packaging 3 - 13 - B4B |                               |
|                                                                                           |       |         |           | Packaging 3 - 14 - B4B |                               |
|                                                                                           |       |         |           | Packaging 3 - 15 - B4B |                               |
|                                                                                           |       |         |           | Packaging 3 - 16 - B4B |                               |
|                                                                                           |       |         |           | Packaging 3 - 17 - B4B |                               |
|                                                                                           |       |         |           | Packaging 3 - 18 - B4B |                               |
|                                                                                           |       |         |           | Packaging 3 - 19 - B4B |                               |
|                                                                                           |       |         |           | Packaging 3 - 20 - B4B |                               |
|                                                                                           |       |         |           | Packaging 3 - 21 - B4B |                               |
|                                                                                           |       |         |           | Packaging 3 - 22 - B4B |                               |
|                                                                                           |       |         |           | Packaging 3 - 23 - B4B |                               |
|                                                                                           |       |         |           | Packaging 3 - 24 - B4B |                               |
|                                                                                           |       |         |           | Packaging 3 - 25 - B4B |                               |
|                                                                                           |       |         |           | Packaging 3 - 26 - B4B |                               |
|                                                                                           |       |         |           | Packaging 3 - 27 - B4B |                               |
|                                                                                           |       |         |           | Packaging 3 - 28 - B4B |                               |
|                                                                                           |       |         |           | Packaging 3 - 29 - B4B |                               |
|                                                                                           |       |         |           | Packaging 3 - 30 - B4B |                               |
|                                                                                           |       |         |           | Packaging 3 - 31 - B4B |                               |
|                                                                                           |       |         |           | Packaging 3 - 32 - B4B |                               |
|                                                                                           |       |         |           | Packaging 3 - 33 - B4B |                               |
|                                                                                           |       |         |           | Packaging 3 - 34 - B4B |                               |
|                                                                                           |       |         |           | Packaging 3 - 35 - B4B |                               |
|                                                                                           |       |         |           | Packaging 3 - 36 - B4B | DAS<br>21 FEB 06 2019         |
| 185 DC - 1 - B4B                                                                          | 6 pcs | 2/28/19 | 0.00 0.00 | DC - 1 - B4B           | 9-89<br>DAS<br>21 FEB 06 2019 |
|                                                                                           |       |         |           | DC - 2 - B4B           |                               |
| 190 QC 21 - FG                                                                            | 6 pcs | 2/28/19 | 0.00 0.00 | QC 21 - FG - 21        | DAS<br>21 FEB 06 2019         |
|                                                                                           |       |         |           | QC 21 - FG - 70        | 9-89                          |
| Part Op 160 - (Pick Kit)                                                                  |       |         |           |                        |                               |
| Descriptions: 170 - (QC4- 100% Inspect kits for completeness)                             |       |         |           |                        |                               |
| 180 - Identify and pack for shipping as per PPP D350-578-011                              |       |         |           |                        |                               |
| 185 - (Document Control) Photocopy bluefile and create labels per PPP D350-578-011 CHG006 |       |         |           |                        |                               |
| 190 - (QC21- Final Inspection - Work Order Release)                                       |       |         |           |                        |                               |



Entered: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / ROUTE UPDATE

NCR No. \_\_\_\_\_

Route update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                        |  |
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| Job: _____<br><br>Part No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/> | <b>DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/> </div> <div>           Eng. (Non-AW) <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Water Jet <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Quality <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                        |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Sequence #: _____                                                                                                                 | QTY Affected : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | MRB (QSI042)           |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                   | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Completed By           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Lead hand / Supervisor |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | QC / QA Coordinator    |  |
| <b>Root Cause</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Operator <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Presservation <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Human Factors <input type="checkbox"/> </div> <div>           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave/Twist <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/><br/>           Mislabeled <input type="checkbox"/> </div> <div>           Contamination <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Incomplete/Unclear Instructions <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/> </div> <div>           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain Direction <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set/Set-up <input type="checkbox"/> </div> <div>           Positioned Wrong <input type="checkbox"/><br/>           Outside Tolerance <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Misread <input type="checkbox"/> </div> </div> |                                                                                                                                   | <b>FAULT CATEGORY</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave/Twist <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/><br/>           Mislabeled <input type="checkbox"/> </div> <div>           Contamination <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Incomplete/Unclear Instructions <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/> </div> <div>           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain Direction <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set/Set-up <input type="checkbox"/> </div> <div>           Positioned Wrong <input type="checkbox"/><br/>           Outside Tolerance <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Misread <input type="checkbox"/> </div> </div> |  |                        |  |
| Other/Details:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                        |  |

### Job BOM

| Part / Item   | Component Name    | Quantity       | Operation                  | Container                |
|---------------|-------------------|----------------|----------------------------|--------------------------|
| AN4-16A       | Bolt              | 72 Ea (12 ea)  | 160-Packaging 1 - Pick Kit | 514248                   |
| D2432         | Bearpaw 19" X 24" | 12 pcs (2 ea)  | 160-Packaging 1 - Pick Kit | 514581                   |
| D2529         | Washer            | 72 pcs (12 ea) | 160-Packaging 1 - Pick Kit | 503481                   |
| D3601-1       | Radius Block      | 72 pcs (12 ea) | 160-Packaging 1 - Pick Kit | 512444 x 66 / 515016 x 8 |
| D4011-1       | Clamp, Short      | 36 Ea (6 ea)   | 160-Packaging 1 - Pick Kit | 5133709                  |
| D4012-1       | Cushion           | 36 Ea (6 ea)   | 160-Packaging 1 - Pick Kit | 5144171                  |
| MS21042L4     | Nut               | 72 Ea (12 ea)  | 160-Packaging 1 - Pick Kit | 5132396                  |
| NAS1149D0463J | Washer            | 144 Ea (24 ea) | 160-Packaging 1 - Pick Kit | 5129985                  |

### Job Allocations

| Operation                  | Component Part | Required | Inventory | Allocated |
|----------------------------|----------------|----------|-----------|-----------|
| 160-Packaging 1 - Pick Kit | AN4-16A        | 72       | 337       | 0         |
|                            | D2432          | 12       | 3         | 0         |
|                            | D2529          | 72       | 624       | 0         |
|                            | D3601-1        | 72       | 162       | 0         |
|                            | D4011-1        | 36       | 80        | 0         |
|                            | D4012-1        | 36       | 6         | 0         |
|                            | MS21042L4      | 72       | 1,741     | 0         |
|                            | NAS1149D0463J  | 144      | 2,440     | 0         |

### Part Specifications

Specifications could not be found.

Entered: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / ROUTE UPDATE

NCR No. \_\_\_\_\_

Route update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            |                        |                          |                                    |                                     |                                        |                                      |                                    |                                    |                                            |                                    |                                    |                                    |                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
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| Job: _____<br><br>Part No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/> | <b>DEPARTMENT/PROCESS</b><br><br><table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Cross tube <input type="checkbox"/></td> <td>Eng. (Non-AW) <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Supplier Quality <input type="checkbox"/></td> </tr> </table> |                                            |                        |                          | Skid-tube <input type="checkbox"/> | Cross tube <input type="checkbox"/> | Eng. (Non-AW) <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Supplier Quality <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| Skid-tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Cross tube <input type="checkbox"/>                                                                                               | Eng. (Non-AW) <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Engineering <input type="checkbox"/>       |                        |                          |                                    |                                     |                                        |                                      |                                    |                                    |                                            |                                    |                                    |                                    |                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| Machining <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Small Fab <input type="checkbox"/>                                                                                                | Prod. Eng. Coord. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Water Jet <input type="checkbox"/>         |                        |                          |                                    |                                     |                                        |                                      |                                    |                                    |                                            |                                    |                                    |                                    |                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| Large Fab <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Finishing <input type="checkbox"/>                                                                                                | Rec/Store/Packaging <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Supplier Quality <input type="checkbox"/>  |                        |                          |                                    |                                     |                                        |                                      |                                    |                                    |                                            |                                    |                                    |                                    |                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Sequence #: _____                                                                                                                 | QTY Affected : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            | MRB (QSI042)           |                          |                                    |                                     |                                        |                                      |                                    |                                    |                                            |                                    |                                    |                                    |                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
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| <b>Root Cause</b><br><br><table style="width: 100%;"> <tr><td>Operator</td><td><input type="checkbox"/></td></tr> <tr><td>Manufacturing Process</td><td><input type="checkbox"/></td></tr> <tr><td>Equip/Tooling</td><td><input type="checkbox"/></td></tr> <tr><td>Handling/Presservation</td><td><input type="checkbox"/></td></tr> <tr><td>Material</td><td><input type="checkbox"/></td></tr> <tr><td>Product Improvement</td><td><input type="checkbox"/></td></tr> <tr><td>Process Improvement</td><td><input type="checkbox"/></td></tr> <tr><td>Human Factors</td><td><input type="checkbox"/></td></tr> </table> |                                                                                                                                   | Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>                   | Manufacturing Process  | <input type="checkbox"/> | Equip/Tooling                      | <input type="checkbox"/>            | Handling/Presservation                 | <input type="checkbox"/>             | Material                           | <input type="checkbox"/>           | Product Improvement                        | <input type="checkbox"/>           | Process Improvement                | <input type="checkbox"/>           | Human Factors                                | <input type="checkbox"/>                  | <b>FAULT CATEGORY</b><br><br><table style="width: 100%;"> <tr> <td><input type="checkbox"/> Pressure/Forced</td> <td><input type="checkbox"/> Contamination</td> <td><input type="checkbox"/> Power Loss/Surge</td> <td><input type="checkbox"/> Positioned Wrong</td> </tr> <tr> <td><input type="checkbox"/> Bending</td> <td><input type="checkbox"/> Misaligned/off center</td> <td><input type="checkbox"/> Folio/Program</td> <td><input type="checkbox"/> Outside Tolerance</td> </tr> <tr> <td><input type="checkbox"/> Crushing</td> <td><input type="checkbox"/> BOM/Route</td> <td><input type="checkbox"/> Grain Direction</td> <td><input type="checkbox"/> Drawing</td> </tr> <tr> <td><input type="checkbox"/> Cracks</td> <td><input type="checkbox"/> Broken/Damage/Defect</td> <td><input type="checkbox"/> Weld</td> <td><input type="checkbox"/> Finish</td> </tr> <tr> <td><input type="checkbox"/> Crimp/Kink/Ripple/Wave/Twist</td> <td><input type="checkbox"/> Incomplete/Unclear Instructions</td> <td><input type="checkbox"/> Wrong Stock Pulled</td> <td><input type="checkbox"/> Part Lost/Missing</td> </tr> <tr> <td><input type="checkbox"/> Marks/Chatter</td> <td><input type="checkbox"/> Drill Holes</td> <td><input type="checkbox"/> Out of Sequence</td> <td><input type="checkbox"/> Misread</td> </tr> <tr> <td><input type="checkbox"/> Mislabeled</td> <td><input type="checkbox"/> Fit/Function</td> <td><input type="checkbox"/> Off-set/Set-up</td> <td></td> </tr> </table> |  |  |  | <input type="checkbox"/> Pressure/Forced | <input type="checkbox"/> Contamination | <input type="checkbox"/> Power Loss/Surge | <input type="checkbox"/> Positioned Wrong | <input type="checkbox"/> Bending | <input type="checkbox"/> Misaligned/off center | <input type="checkbox"/> Folio/Program | <input type="checkbox"/> Outside Tolerance | <input type="checkbox"/> Crushing | <input type="checkbox"/> BOM/Route | <input type="checkbox"/> Grain Direction | <input type="checkbox"/> Drawing | <input type="checkbox"/> Cracks | <input type="checkbox"/> Broken/Damage/Defect | <input type="checkbox"/> Weld | <input type="checkbox"/> Finish | <input type="checkbox"/> Crimp/Kink/Ripple/Wave/Twist | <input type="checkbox"/> Incomplete/Unclear Instructions | <input type="checkbox"/> Wrong Stock Pulled | <input type="checkbox"/> Part Lost/Missing | <input type="checkbox"/> Marks/Chatter | <input type="checkbox"/> Drill Holes | <input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Misread | <input type="checkbox"/> Mislabeled | <input type="checkbox"/> Fit/Function | <input type="checkbox"/> Off-set/Set-up |  |
| Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            |                        |                          |                                    |                                     |                                        |                                      |                                    |                                    |                                            |                                    |                                    |                                    |                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| Manufacturing Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            |                        |                          |                                    |                                     |                                        |                                      |                                    |                                    |                                            |                                    |                                    |                                    |                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
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| Handling/Presservation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            |                        |                          |                                    |                                     |                                        |                                      |                                    |                                    |                                            |                                    |                                    |                                    |                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            |                        |                          |                                    |                                     |                                        |                                      |                                    |                                    |                                            |                                    |                                    |                                    |                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| Product Improvement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            |                        |                          |                                    |                                     |                                        |                                      |                                    |                                    |                                            |                                    |                                    |                                    |                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| Process Improvement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            |                        |                          |                                    |                                     |                                        |                                      |                                    |                                    |                                            |                                    |                                    |                                    |                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| Human Factors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            |                        |                          |                                    |                                     |                                        |                                      |                                    |                                    |                                            |                                    |                                    |                                    |                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <input type="checkbox"/> Pressure/Forced                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Contamination                                                                                            | <input type="checkbox"/> Power Loss/Surge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Positioned Wrong  |                        |                          |                                    |                                     |                                        |                                      |                                    |                                    |                                            |                                    |                                    |                                    |                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <input type="checkbox"/> Bending                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Misaligned/off center                                                                                    | <input type="checkbox"/> Folio/Program                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Outside Tolerance |                        |                          |                                    |                                     |                                        |                                      |                                    |                                    |                                            |                                    |                                    |                                    |                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <input type="checkbox"/> Crushing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> BOM/Route                                                                                                | <input type="checkbox"/> Grain Direction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Drawing           |                        |                          |                                    |                                     |                                        |                                      |                                    |                                    |                                            |                                    |                                    |                                    |                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <input type="checkbox"/> Cracks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Broken/Damage/Defect                                                                                     | <input type="checkbox"/> Weld                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Finish            |                        |                          |                                    |                                     |                                        |                                      |                                    |                                    |                                            |                                    |                                    |                                    |                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <input type="checkbox"/> Crimp/Kink/Ripple/Wave/Twist                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Incomplete/Unclear Instructions                                                                          | <input type="checkbox"/> Wrong Stock Pulled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Part Lost/Missing |                        |                          |                                    |                                     |                                        |                                      |                                    |                                    |                                            |                                    |                                    |                                    |                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <input type="checkbox"/> Marks/Chatter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Drill Holes                                                                                              | <input type="checkbox"/> Out of Sequence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Misread           |                        |                          |                                    |                                     |                                        |                                      |                                    |                                    |                                            |                                    |                                    |                                    |                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <input type="checkbox"/> Mislabeled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Fit/Function                                                                                             | <input type="checkbox"/> Off-set/Set-up                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |                        |                          |                                    |                                     |                                        |                                      |                                    |                                    |                                            |                                    |                                    |                                    |                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| Other/Details:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            |                        |                          |                                    |                                     |                                        |                                      |                                    |                                    |                                            |                                    |                                    |                                    |                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |



## 5.0 PARTS LIST

## 5.1 D350-578-011/-013/-015/-017/-021 BEARPAW INSTALLATION

| Qty<br>-011 | Qty<br>-013 | Qty<br>-015 | Qty<br>-017 | Qty<br>-021 | Qty<br>-031 | Part Number   | Description                   |
|-------------|-------------|-------------|-------------|-------------|-------------|---------------|-------------------------------|
| X           |             |             |             |             |             | D350-578-011  | BEARPAW INSTALLATION          |
|             | X           |             |             |             |             | D350-578-013  | BEARPAW INSTALLATION          |
|             |             | X           |             |             |             | D350-578-015  | BEARPAW INSTALLATION          |
|             |             |             | X           |             |             | D350-578-017  | BEARPAW INSTALLATION          |
|             |             |             |             | X           |             | D350-578-021  | BEARPAW INSTALLATION          |
|             |             |             |             |             | X           | D350-578-031  | WEARPLATE KIT                 |
| 2           |             |             |             |             |             | D2432F        | Bearpaw                       |
|             |             | 2           |             |             |             | D2432-3       | Bearpaw                       |
| 12          | 12          | 12          | 12          | 12          |             | D2529         | Washer                        |
|             |             |             |             | 2           |             | D2672F        | Bearpaw                       |
| 12          | 12          | 12          | 12          | 12          |             | D3601-1       | Radius Block (Replaces D2274) |
|             |             |             |             |             | 2           | D3859-041     | Wearplate                     |
| 6           | 6           | 6           | 6           | 6           |             | D4011-1       | Clamp (Replaces D2438)        |
| 6           | 6           | 6           | 6           | 6           |             | D4012-1       | Cushion (Replaces D2182B050)  |
|             | 2           |             |             |             |             | D4297-1       | Bearpaw                       |
|             |             |             | 2           |             |             | D4297-3       | Bearpaw                       |
| 12          | 12          |             |             | 12          | 12          | AN4-16A       | Bolt                          |
|             |             | 12          | 12          |             | 12          | AN4-17A       | Bolt                          |
| 24          | 24          | 24          | 24          | 24          | 24          | NAS1149D0463J | Washer                        |
| 12          | 12          | 12          | 12          | 12          | 12          | MS21042L4     | Nut (or MS21042-4)            |

## 5.2 D350-578-111/-113/-115/-117/-121 BEARPAW INSTALLATION

| Qty<br>-111 | Qty<br>-113 | Qty<br>-115 | Qty<br>-117 | Qty<br>-121 | Part Number  | Description          |
|-------------|-------------|-------------|-------------|-------------|--------------|----------------------|
| X           |             |             |             |             | D350-578-111 | BEARPAW INSTALLATION |
|             | X           |             |             |             | D350-578-113 | BEARPAW INSTALLATION |
|             |             | X           |             |             | D350-578-115 | BEARPAW INSTALLATION |
|             |             |             | X           |             | D350-578-117 | BEARPAW INSTALLATION |
|             |             |             |             | X           | D350-578-121 | BEARPAW INSTALLATION |
| 1           |             |             |             |             | D350-578-011 | Bearpaw Installation |
|             | 1           |             |             |             | D350-578-013 | Bearpaw Installation |
|             |             | 1           |             |             | D350-578-015 | Bearpaw Installation |
|             |             |             | 1           |             | D350-578-017 | Bearpaw Installation |
|             |             |             |             | 1           | D350-578-021 | Bearpaw Installation |
| 1           | 1           | 1           | 1           | 1           | D350-578-031 | Wearplate Kit        |